

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$415.00 for dates of service, 02/14/01, 02/15/01 & 02/16/01.
- b. The request was received on 02/12/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA(s)
  - c. EOB/TWCC 62 forms/Medical Audit summary
  - d. Preauthorization approval, dated 01/19/01 for dates of service 01/31/01 to 02/12/01
  - e. Medical Records
  - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. Response to a Request for Dispute Resolution
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The MDR case file does not contain a carrier sign sheet or proof of delivery per Rule 133.307 (g) (3&4). Therefore, all documentation submitted by the Requestor and Respondent will be considered.

### **III. PARTIES' POSITIONS**

1. Requestor: No position statement
2. Respondent: Letter dated 08/07/02

“Carrier has disputed these services for several reasons. First, these physical therapy treatments were not preauthorized as required by 28 TAC 134.600. Provider has not submitted and [sic] documentation to show that preauthorization was obtained prior to treatment. Carrier denied the treatment request in writing on January 19, 2001. Provider

has not presented any written documentation generated by the carrier to show that preauthorization was granted on reconsideration.”

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 02/14/01, 02/15/01 & 02/16/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$439.00 for services rendered on the date of service in dispute above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date of service in dispute above and denied any additional reimbursement as “A – PREAUTHORIZATION REQUIRED BUT NOT OBTAINED.”
5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$415.00 for services rendered on the date of service in dispute above.
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
02/14/01	97035	\$25.00	\$0.00	A for all dates	\$22.00/15 mins	TWCC Rule 134.600 (h) (10); MFG; MGR; CPT Descriptor	Pursuant to TWCC 134.600 (h) (10), physical therapy services beyond eight weeks of treatment require preauthorization. The Provider did not submit a hard copy showing they had received the Carrier's preauthorization approval for the physical therapy services billed. Therefore, no reimbursement is recommended.
02/14/01	97014	\$20.00	\$0.00		\$15.00		
02/14/01	97250	\$43.00	\$0.00		\$43.00		
02/14/01	97110	\$70.00	\$0.00		\$35.00/15 mins		
02/15/01	97035	\$25.00	\$0.00		\$22.00/15 mins		
02/15/01	97014	\$20.00	\$0.00		\$15.00		
02/15/01	97250	\$43.00	\$0.00		\$43.00		
02/15/01	97110	\$35.00	\$0.00		\$35.00/15 mins		
02/16/01	97035	\$25.00	\$0.00		\$22.00/15 mins		
02/16/01	97014	\$20.00	\$0.00		\$15.00		
02/16/01	97250	\$43.00	\$0.00		\$43.00		
02/16/01	97110	\$70.00	\$0.00		\$35.00/15 mins		
Totals		\$439.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 1st day of October 2002.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division

DT/dt